



HAMPTON ROADS REGIONAL JAIL

2690 Elmhurst Lane • Portsmouth, Virginia 23701-2745
Phone (757) 488-7500 Fax (757) 488-2200

I, _____ an employee of
(Print Name)

_____ agree to
(Print Company or Organization Name)

abide by the policies and procedures set forth by the Hampton Roads Regional Jail. I also agree to hold all information related to staff, inmates and facility operations confidential. Any information obtained by me in the line of duty is to be used only in matters related to my work at this facility.

Signature: _____ Date: _____

Company/Organization Name: _____

Signature: _____ Date: _____
(HRRJ Authorized Signature/Title)